

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013471

FILED MAY 1 1959

Registration District No. 149 Primary Registration District No. 1002 REGISTRAR'S NO. 1858

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1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			c. CITY OR TOWN <b>Kansas City</b>		
c. FULL NAME OF DECEASED (Last, first, and middle) <b>Lawrence P. North</b>			d. STREET ADDRESS (If outside, give location) <b>7515 Harrison</b>		
Length of stay in lb <b>60 Years</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>LAWRENCE</b> Middle <b>P.</b> Last <b>NORTH</b>			4. DATE OF DEATH Month <b>April</b> Day <b>12</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 27, 1912</b>	9. AGE (In years) <b>46</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Scale Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Board of Trade</b>	11. BIRTHPLACE (City and state or country) <b>St. Claire Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Noah M. North</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Mayer</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Mae North (Deceased)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-01-7621</b>		17. INFORMANT Address <b>Mrs. Fred Gilpin, 7515 Harrison, K.C. MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute congestive heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Malignant hypertension</b> DUE TO (c) <b>6 months</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to terminal disease condition given in PART I (a) <b>441X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <b>KANSAS</b> STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>Feb 13-59</b> to <b>April 12-59</b> and last saw him alive on <b>April 10, 1959</b> Death occurred at <b>10:15 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Wyle G. Dillits M.D.</b>			22b. ADDRESS <b>1103 Grand Ave</b>		22c. DATE SIGNED <b>4/13/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 14, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		(State)			
24. FUNERAL DIRECTOR <b>Muehlebach</b>		ADDRESS <b>6800 Troost</b>		25. DATE RECD. BY LOCAL REG. <b>4-13-59</b>	
26. REGISTRAR'S SIGNATURE <b>Nevar Marshall</b>					

Lyle G. Willits USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

*J. T. Crowell*

Licensed Embalmer No. ....4904....

P. O. Address. ....K. C. Mo....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

